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For An Authorized Committee

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2. FEC IDENTIFICATION NUMBER ▼			CITY A		S ⁻	TATE .		ZIP CODE A STATE ▼ DISTRICT		
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5. Covering Period 05 1 15 1 2014 1 through 06 1 30 1 2014 1										
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.										
Type or Print Name of Treasurer Carlos Vazquez										
Signature of Treasurer Date Date Date										
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